VIII: Education and Research

The functions of a hospital extend far beyond the care of those arriving at its doors seeking medical aid. Other activities bring the hospital into a closer relationship with the medical and general communities at large. In this respect, the Jewish General Hospital is no exception. Foremost among its links with the medical community are its research and teaching functions.

Education has always held a prominent position at the Jewish General. Of greatest importance in this regard has been the training and continuing education of physicians. In fact, the hospital has offered an intern-resident program ever since its opening.

The first group of interns to receive instruction at the Jewish General Hospital took up their duties on October 14, 1934. Together they numbered nine, including one resident attached to each of the Departments of Medicine, Surgery, and Gynaecology and Obstetrics. The intern training program received approval later that year from the Canadian and American Medical Associations, although it took the better part of a decade before the resident training program, developed by Dr. Harry Ballon, was accredited. In 1938 the "Jewish" broke new ground by becoming the site of the first post-graduate course in cardiology offered in Canada. It was taught by Dr. Harold Segal. The following year, another important step in the hospital's pedagogical history was taken when McGill University selected the Jewish General Hospital as one of five local institutions where the university's medical graduates could take their required year of internship. By 1945 the Jewish General was able to claim that almost 100 young physicians had received their first training as interns and residents there. It initiated its first paid post-graduate program in 1948.

The beginning of another type of educational activity took place at the Jewish General Hospital in 1939. That year it cooperated with the Mount Sinai Sanatorium by making its facilities available for the latter's Summer School in Tuberculosis. International authorities on tuberculosis were present to convey their knowledge of that disease and were heard by practising physicians from across Canada and the United States. In 1945 the Jewish General Hospital agreed to cooperate with McGill University in a rehabilitation program of courses for returned medical officers. To be conducted by
Our Tribute Everlasting

members of the hospital’s staff under the general supervision of the Faculty of Medicine of McGill University, these refresher courses catered to the needs of many medical officers whose training had been interrupted by the Second World War.

The hospital was further able to expand its teaching role in 1954, when the Royal College of Physicians and Surgeons of Canada approved it for the advanced training of residents in medicine, surgery, gynaecology and obstetrics, urology, pathology, and diagnostic and therapeutic radiology. Three years later the College of Physicians and Surgeons of Canada accorded the intern-resident training program a still broader and numerically greater acceptance.

By 1959, the Jewish General Hospital had good reason to be proud of its educational role. More than forty young men and women were being appointed annually as interns or residents, and 342 had already received training there. The quality of these young physicians is evident from the fact that by 1959 three of them had become heads of departments in the Jewish General Hospital, not to mention those graduates appointed to other positions of importance, both in the “Jewish” and elsewhere.

On June 6, 1960, at the hospital’s 26th Annual General Meeting, Executive Director Samuel Cohen commented on the institution’s pedagogical function:

It is sometimes erroneously assumed that only hospitals affiliated with a university for under-graduate teaching of medical students are ‘teaching hospitals.’ Every good progressive hospital is a teaching hospital. Brief reference to our own activities in this area will illustrate this point. We have a house staff of thirty-four interns and residents for whom we maintain an organized program of education and teaching.

Our Department of Psychiatry was formally recognized by McGill University and now is part of the university’s graduate teaching program in this specialty. There are six fellows who are pursuing graduate studies and a number are working towards a Ph.D. or Master’s degree.

The entire medical staff participates in daily conferences, rounds, symposia and seminars as part of their continuing education. We are the only English-speaking hospital in Quebec which conducts a recognized course for laboratory technicians. We have an approved course for training X-ray technicians. Our Social Service Department serves as a teaching facility for the McGill School of Social Services. The Physical Therapy Department receives student observers from the University of Montreal School of Physical Therapy and provides summer internships for graduate and undergraduate physiotherapists . . . There is, of course, the School of Nursing with its full faculty and teaching organization. The Jewish General Hospital is indeed a teaching hospital and because teaching encourages and compels perfection of practice, the patient - the real reason for the Hospital’s existence - benefits from these activities . . .

The teaching role of the hospital was further recognized and strengthened in 1967 by the creation of the position of Director of Post-Graduate Medical Education. Dr. Michael A. Gold accepted this post and within a year was also given the position of Medical Director.

In 1969-1970, Dr. Gold was responsible for instituting a new system of clinical teaching units then being promoted by the Royal College of Physicians and Surgeons of the Province of Quebec. These clinical teaching units, established for each and every department in the hospital, consisted of a full-time head, several residents and interns, and six or seven
Our Tribute Everlasting

specialists, often including an allergist, a cardiologist and a gastroenterologist. Henceforth, residents and interns would experience team thinking and team work on a regular basis, an important development on account of the rapid expansion of medical knowledge and the resulting need for specialization. Previously, the sole part of the hospital which functioned as a clinical teaching unit had been the public ward; elsewhere, private doctors supervised the care of their patients by themselves or with selected consultations only, and taught residents and interns only sporadically and briefly. Now, while the private doctors retained supervision of their own cases, all patients would receive the comprehensive care provided by the clinical teaching units.

The following years saw further developments in the education of physicians at the Jewish General Hospital. In 1970, full affiliation with McGill was granted to the Jewish General by the university’s Faculty of Medicine, with the proviso that a faculty accreditation committee be permitted visits to ensure continued adherence to the university’s high standards. This affiliation concerned the hospital’s departments of anaesthesia, diagnostic radiology, general surgery, internal medicine, nuclear medicine, neurology, obstetrics and gynaecology, ophthalmology, orthopedic surgery, pathology, pediatrics, psychiatry, therapeutic radiology and urology. Also, for the first time, McGill undergraduates were now assigned to the Jewish General Hospital for instruction.

In June 1972, when the Department of Family Medicine (previously called the Department of General Practice) opened the Family Practice Centre, it also began a two-year residency training program. At the time, similar programs were being offered by only two other Montreal hospitals. Dr. I. Tannenbaum, Chief of the Department, commented on the goals of the course: “in this program, candidates are being trained to see and treat patients within the context of family and community rather than strictly as a disease. That is, they are being trained to be person-oriented rather than disease-oriented.” Apart from workshops, seminars, weekly rounds, regular meetings with physicians and the assumption of responsibility for any number of family cases, each resident would spend from one to four months in each of the Emergency, Medicine, Psychiatry, Pediatrics, Surgery, and Obstetrics and Gynaecology Departments, as well as at the Maimonides Hospital and Home for the Aged and/or the Jewish Convalescent Hospital.

In October 1973 it was announced that an agreement had been reached with McGill University to make the Jewish General Hospital’s Family Practice Program an integral unit of the McGill Teaching Program for Family Practitioners.

The pedagogical aspect of the Family Practice Unit, formally established as such in 1972, would gain additional importance in 1974 with the integration of the Herzl Health Centre into the Jewish General Hospital, thus forming the Herzl Family Practice Centre, as it is now known.

During the same year, the Jewish General Hospital was requested by the Joint Emergency Services of McGill Hospitals to accept trainees for a two-year program, then being developed, to train emergentology physicians.

While educating physicians has been the cornerstone of the Jewish General Hospital’s teaching activities, the education of nurses and other health professionals has not been neglected.

As mentioned earlier, the Jewish General Hospital was able, only after World War Two had ended, to help in relieving the shortage of nurses and the lack of opportunities for young Jewish women wishing to become nurses. Construction of the Nurses’ Residence and
Training School, the first in Canada to be operated under Jewish auspices, began on October 6, 1948. It opened in 1951.

The School of Nursing’s three-year program of study was designed to instil in each student “an appreciation of the importance of conserving her own health, of preventing disease, and of caring for the patient as an individual in the Hospital, home, and in the community.” The subjects studied included a vast array of fields: anatomy and physiology, microbiology, chemistry, psychology, the history of nursing, professional adjustments, ethics, nursing arts, operative aseptic technique, nutrition, foods and cooking, diet therapy, sociology, an introduction to medical science, medical nursing, dermatology, surgical nursing, physiotherapy, pharmacology and therapeutics, obstetrical nursing, the nursing of children, communicable disease nursing, and various aspects of public health. The School of Nursing, like the rest of the Jewish General Hospital, was absolutely non-sectarian. It fell under the supervision of Miss Evelyn Kessler, the Director of Nurses.

The first group of nurses graduated in 1954. The class numbered 14, and its members were: Zelda Soloway, Helen Altow, Natalie Kushner, Kathleen Brown, Lucy Agulnick, Shirley Silbert, Shirley Travitsky, Faye Ryback, Ruth Freedman, Ada Stearns, Lillian Wiseman, Dorothy Hager, Beatrice Weiss and Marilyn R. Teitlebaum. As the number of graduates grew with every passing year, it did not take long for them to form an alumni association. This occurred in February 1958. The Jewish General Hospital’s Nurse Alumnae Association chose Miss Kessler as its first Honorary President and held its first “homecoming event” on October 2, 3 and 4, 1964.

In January 1966, student nurses from the Jewish General Hospital began a special course involving four weeks of training at the Maimonides Hospital and Home for the Aged. This nursing educational program, under the guidance of Miss Joan Gilchrist, then the hospital’s Director of Nursing, broke new ground in the history of nursing education in Canada. It involved working with aged residents who were neither sick nor bedridden. The purpose of this was to expose the student nurses to patients other than those with long-term illnesses, and thus to make them familiar with the more subtle social, psychological and supportive needs of the elderly. The affiliation of the Jewish General Hospital with the Maimonides Hospital and Home for the Aged was modelled after a similar arrangement which had been implemented by Cornell University and the New York Hospital.

These innovations proved to be short-lived, however, at least as far as the Jewish General Hospital was concerned. During the mid-1960’s, the provincial government and the Association of Nurses of the Province of Quebec, mainly on the initiative of the latter, worked out a new educational system. Under the new arrangement, which exists today, nurses would be educated at one of the newly established CEGEP’s or at both CEGEP and university, depending on the degree desired (R.N. or B.Sc.N). Henceforth hospitals would only be used for the clinical aspects of a nurse’s training. This system was intended to produce a better quality of nursing care; students would be able to cover a wider range of subjects and would be more exposed to other disciplines, either directly or through contact with other students. Accordingly, the School of Nursing of the Jewish General Hospital admitted its last group of first-year students in 1969. They graduated in 1972. From 1970, all those entering a nursing program would do so either in a CEGEP or at a university. McGill University had in fact been offering potential nurses a special B.Sc degree since 1957.

Speaking at the last nurses’ graduation ceremony on June 15, 1972, Dr. André
Aisenstadt, then President of the Jewish General Hospital, reminded listeners that:

While the necessity to write 'finis' to this chapter in the history of our hospital saddens us, we nevertheless derive satisfaction from some of our accomplishments. The teaching experiences brought higher standards of patient care to our hospital and helped alleviate the desperate shortage of professional nurses. Furthermore, we are greatly pleased that, under the new system of nursing education, our hospital will serve as a facility for providing field work and practical experience for students in the CEGEPS. Our continued participation in the educational process is assured.7

In a different vein, Dr. Aisenstadt expressed his deep appreciation for the many contributions to the School of Nursing made by the Women's Auxiliary and by Mr. Sam Hershorn "whose keen interest in the students’ welfare and generous support of many programs added to the school’s prestige and status." He also paid tribute to some of those who added the most to the development of quality nursing care and education in the hospital, in particular to Miss Amy Mendels Shaer (the first Director of Nursing), Miss Evelyn Kessler, Miss Norena Mackenzie, Miss Joan Gilchrist, Miss Mary Barrett and Miss Gwynneth Allen.8

The Jewish General Hospital has also participated in the education of other types of health workers. Almost from its inception in 1935, when it had a staff of only two trained case workers, the Department of Social Service provided clinical experience for students in social work. As early as 1937 the Montreal School of Social Work, an affiliate of McGill University, designated the Jewish General's Department of Social Service as a centre for field instruction for its students. The training of social workers did not, however, become a large part of the department's activities until the 1960's, by which time its functions had grown a more modern role involving participation with the departments of Psychiatry, Obstetrics and Gynaecology, Geriatrics, Pediatrics, Medicine, Surgery and Emergency. By the 1970's, the Department of Social Work was providing practical experience for students from a number of institutions, including the McGill School of Social Work, the University of Montreal, Carleton's School of Social Work and Dawson College.

One of the features of the Jewish General as a source of learning for social workers has been a family-therapy training course, which they could take alongside residents in psychiatry, nurses and, before long, members of the psychiatry departments of other hospitals and social agencies. This course, officially begun in 1966 under the joint auspices of the Departments of Psychiatry of the Jewish General Hospital and McGill University, was initiated by Dr. Nathan B. Epstein, Psychiatrist-in-Chief, who brought the concept of family therapy with him from New York in 1960. Dr. Henry Kravitz, the next Psychiatrist-in-Chief, further expanded the course.

Another form of educational program begun at the hospital involved the training of surgical aids. Begun in 1974, this course aimed at relieving the shortage of nurses in the operating room. Under the guidance of Mrs. Isabel Adams, surgical coordinator, it ran for six months, with the provision that the students stay on with the hospital for at least another 18 months. After finishing the course, graduates were prepared to scrub for a variety of cases, including plastic surgery, gynaecology and urology. The first class consisted of six students.

The Department of Dentistry, one of the largest in the province since its merger with the Herzl Health Centre's Dental Department, has also offered educational opportunities,
Our Tribute Everlasting

again in conjunction with McGill University. By 1975 this accredited post-graduate program to train dental residents was taught by 42 attending staff members, about half of whom were McGill instructors. The five residents enrolled that year received instruction in periodontia, endodontia, orthodontia, crown and bridge work, oral surgery, operative work, oral diagnosis, pedodontia and prosthetics.

The Jewish General Hospital has also provided training for those wishing to enter hospital life in such roles as physical therapists, laboratory technicians and X-ray technicians.

***

Along with teaching, research has also held an important position among the functions performed at the Jewish General Hospital. As noted in 1968 by Dr. W.R. Slatkoff, the second of the hospital’s three executive directors thus far: “good research and good teaching programs attract the best doctors to the hospital and the result is better patient care. Patient care appreciates in an atmosphere of good teaching and research. We recognized this very early and because of it, our Board of Administration has continuously fostered the improvement of our teaching and research programs.”

Although research received a boost by the establishment of the Lady Davis Institute, research and experiment have always been a feature of the Jewish General Hospital. The following are but a few examples. Others have been mentioned above.

In 1946 Drs. J.C. Portnuff and Morton Korenberg, both of the Jewish General Hospital, experimented with an early form of artificial kidney in an attempt to save a woman’s life. This was the first time that such a procedure had been attempted in Canada. The “Jewish” was also one of the first hospitals in Canada to establish a radio-isotope laboratory for the use of radioactive isotopes in research, as well as in the treatment and diagnosis of disease.

In 1954, the medical achievements of the Jewish General Hospital led to a flattering editorial in the Montreal Gazette. Included in these accomplishments were the introduction of the use of radioactive gold in the treatment of certain types of cancers and dramatic pioneering heart operations performed by Dr. Arthur Vineberg.

In 1955, the Department of Obstetrics and Gynaecology, under Dr. George J. Strean, became interested in applying new techniques to research on the transmission of poliomyelitis antibodies from a pregnant woman to her unborn child. A team consisting of Dr. Strean, Dr. Morrie Gelfand (subsequently the chief of the department), and Dr. Joseph Sternberg, professor of physiology and nuclear medicine at the University of Montreal, vaccinated pregnant women with Salk polio vaccine. They found that the vaccine was transmitted through the placenta to the foetus and thus the baby was protected by the injections given to the mother. This led to studies in the placental transmission of other elements, such as lipids. By 1965, these researchers had become the nucleus of an international project, centred in the Jewish General Hospital, but with cooperation (primarily for the collection of sample placentas taken at delivery) from institutions in Greece, Hawaii, Hong Kong, India, Israel, Japan and Korea. The project was by then investigating the transfer of radioactive contaminants to the foetus and its effects. Five years later, Drs. Jack Mendelson and Ronald Kapusta received the annual prize of the Society of Obstetrics and Gynaecology of Canada for research on the reasons for the serious effects suffered by a foetus when a female mammal is infected by a virus early in pregnancy.
In 1965 and during the following year, a research team at the Jewish General Hospital conducted experiments involving the use of counterpulsation, a technique for mechanically supporting circulation in cases of myocardial ischemia. The team, headed by Dr. Jacob Rosenweig, pioneered counterpulsation work and was the first group to apply the technique to chronic heart cases in dogs. Alongside Dr. Rosenweig worked Dr. Nathan Sheiner, Dr. Abe Mayman and two resident fellows in surgery, Dr. Carlos Borroneo and Dr. Shekher Chatterjee.

While that was going on, Dr. Morton A. Kapusta of the Jewish General Hospital was undertaking studies on the causes of rheumatism. Specifically, Dr. Kapusta was interested in alterations in the body's defence mechanism, the system by which noxious germs and chemicals are repelled. On July 1, 1966, Dr. Kapusta became Director of Rheumatism Research, responsible for studies supported to a great extent by funds from the Canadian Arthritis and Rheumatism Society.

Another program, headed by Drs. James Naiman and Henry Kravitz of the Department of Psychiatry, aimed at switching heroin addicts to one of two still experimental drugs. The first, methadone, relieves the desire for heroin and the other, cyclozocine, cuts down the effect of heroin on the brain. The project in question tested and compared both of these treatments and, before the year had ended, began to release patients - off heroin. Dr. Kravitz pointed out that "this is the first specialized facility for the treatment of heroin addicts in the province, so our project is providing a needed clinical service as well as doing research."

Work on diabetes was an important area of research at the Jewish General Hospital in 1968. On March 1st of that year Dr. Douglas Wilansky, Assistant Physician, presented a paper at the New York Academy of Sciences, describing the findings of a project initiated by him seven years earlier. With the help of Miss Inge Hahn and Drs. Gina Schochat and Jacques Kessler, Dr. Wilansky studied about 3,000 apparently healthy relatives of diabetics. Together they discovered that it is possible to predict which relatives of diabetics are likely to contact the disease in the next five years and that one could delay or even prevent the onset of the disease in potential diabetics. They found that the short-term administration of phenformin (DBI), a blood-sugar lowering agent, greatly reduces the incidence of diabetes in three years.

The year 1968 also witnessed the fruition of Dr. Jacob Rosenweig's research on the use of counterpulsation treatment. On January 4th, Dr. Rosenweig and his now enlarged team performed a three-hour operation which saved the life of a 47-year old sales executive. The remarkable thing about the operation was that it was "the first time in medical history that a human being dying of an acute heart attack had been successfully resuscitated with an external computer-controlled, artificial heart-assistant pump."

The pump, considerably more sophisticated than that used in earlier days, had been donated to the hospital at a cost of $15,000 by St. George's Lodge, Number 10, Q.R., A.F. and A.M., Montreal, in the Spring of 1966.

These are but a few of the examples of research carried on at the Jewish General Hospital prior to the construction of the Lady Davis Institute in 1969. Since the opening of the Institute, the pace of research at the "Jewish" has increased still further, contributing considerably to the betterment of the human condition. In a brochure published in 1976, its director, Dr. Norman Kalant, outlined the importance and goals of the Lady Davis Institute for Medical Research:
It has long been recognized that a well-based program of research is an essential element in the development of a centre which seeks to provide the highest quality of medical care. The establishment of the Lady Davis Institute therefore came at a most auspicious time in the history of the Jewish General Hospital, for it presented the opportunity to develop such a research program in parallel with the growing academic involvement of the Hospital’s clinical departments.

With this opportunity came a challenge - to determine the problem areas on which to focus our research efforts, and to recruit the professional staff necessary to achieve our goals. We selected for study those health problems which are of greatest concern to the community served by the Jewish General Hospital - cancer, diabetes, hereditary diseases, to name a few, and we have been fortunate in attracting to our staff a group of medical scientists who are experts in their individual fields of research. The approaches and the techniques vary widely, but the goals are identical: to increase our understanding of disease through scientific inquiry, so that the toll of suffering and death can be alleviated.

The facilities provided by the Lady Davis Institute have been used by two groups of researchers. A core of full-time investigators whose primary function has been research, has formed one of these groups. The other consists of physicians affiliated primarily with a clinical department of the hospital, but who, on account of deep interest in their specialties, have undertaken research on a part-time basis. The following are some of the Institute’s research projects, past and present.

In the early 1970’s, Dr. Robert Nelson Jr. and other scientists explored the role which “complement” plays in inflammation, transplant rejection, allergy, ageing and tumour growth. This was funded largely by a grant of $175,000 from the John A. Hartford Foundation. Dr. Nelson left the Institute shortly after this work.

Another line of research no longer being carried on at the Lady Davis Institute was on diabetes. It was done by Dr. Arthur Kahlenberg, who has also since left. The controlling steps in sugar metabolism are the recognition of sugar molecules by cell receptors and the transport of sugar across the cell membrane into the cell. Recent evidence had indicated that in cases of diabetes there could be a failure in the mechanism of recognition and transport. Dr. Kahlenberg chose to pursue this by identifying and characterizing the component of the cell membrane involved in the recognition and transport of the sugar. He found this to be a protein forming a channel by which the sugar enters the cell.

Many of the other research projects underway during the mid-1970’s are still in existence, although somewhat transformed with the passage of time. One such project is led by Dr. Herbert Schulman, whose training was mainly in microbiology. In 1975 he was experimenting with the growth of soybeans in order to contribute to the solution of one of the world’s greatest problems - protein malnutrition. More recently, this has led him to search out arctic high-protein leguminous plants which could be adapted to a more southerly climate, with the goal of transforming such a plant into one which could be used as a commercially viable crop. Dr. Schulman has also been attempting to develop a treatment for iron overload, a condition which frequent recipients of blood transfusions sometimes develop. The excess iron from the transfused blood may build up in some parts of the body, such as the liver, kidneys, pancreas and heart, interfering with their function. Until now, no effective way of flushing the excess iron out of the body has been found.
Our Tribute Everlasting

The Lady Davis Institute has also been the site of Dr. Naomi Fitch's studies on the families of children born with congenital anomalies. She has been trying to clarify the role of heredity and the mode of transmission from one generation to the next. She has successfully identified new syndromes or patterns of abnormalities, has shown how they are inherited, and has demonstrated the specific defects produced by a genetic abnormality.

Dr. James F. Perdue has been researching into the phenomenon of cell replication, important in understanding cancer. A fundamental characteristic of cancerous tissue is the rapid, uncontrolled rate of cell replication, and Dr. Perdue has been trying to identify the defect in the mechanisms of growth control in cancer cells. Specifically, he has been looking at changes in nutrient receptors on the external surface of cells and has found a reversion to foetal-type receptors on cancerous cells. The exact significance of this is now being determined.

Other studies on cancer have been conducted by Drs. Mark Wainberg, Lawrence Kleiman and G. Shyamala. Dr. Wainberg is looking at the immunological characteristics of the cancer cell. It is now becoming increasingly clear that some cancers may be due to viruses and it is known that infection with one virus may reduce the body's defences against other viruses. The role of this immuno-suppression with respect to cancer, as well as the mechanism of immuno-suppression in AIDS cases, are presently the main concerns of Dr. Wainberg.

Dr. Kleiman, on the other hand, has, until recently, looked into the problem of cancer by taking a genetic approach. As part of the process by which cells become malignant, changes occur in the expression of the cells' genetic make-up; this is reflected in the nature of proteins being synthesized. Dr. Kleiman was studying the mechanism of these changes in cell function in relation to cancer. Today, he is looking less at the cause of cancer and has turned more directly to questions concerning the control of genetic expression. As for Dr. Shyamala, she has been researching the role of molecules called "hormone receptors" in the development of breast cancer. Female sex hormones play a vital regulatory part in the functioning of breast tissue, and in order for the hormones to exert their influence, it is necessary that the tissues contain effective hormone receptors. Dr. Shyamala is presently examining the sequence of events once a hormone becomes bound to receptors, in an attempt to discover why cancerous cells no longer respond to the hormone, and how this failure to respond might be overcome.

Other research at the Lady Davis Institute has centred on diabetes. Dr. Ralph Germinario has been studying hereditary factors in diabetes. It has been known for many years now that diabetes is a hereditary disorder. Scientists, however, have not yet been able to determine the nature of the basic abnormality which is genetically transmitted. While patients who develop diabetes in middle life usually have an adequate supply of insulin, the body cells appear unable to respond to it by increasing their use of sugar. Dr. Germinario has been studying the possibility that this unresponsiveness is due to the inherited abnormality.

Dr. Norman Kalant, the Director of the Lady Davis Institute, has also been working on diabetes. His research has included efforts to understand and find a treatment for vascular disease among diabetics, who have a propensity to suffer from arteriosclerosis and related renal problems. He is now also pursuing the question of why cells in diabetes patients who develop the illness relatively late in life cease to respond to the insulin produced by their body. To do this he is studying the behaviour of isolated liver cells in tissue culture. If
scientists find an answer to this question they will be able to develop a more effective treatment involving something other than additional doses of insulin, which the body, theoretically, already has in sufficient quantities.

A few of the other research projects undertaken at the Lady Davis Institute include a study by Dr. N. Sheiner, the Head of Surgery, on the use of segments of vein to replace sections of damaged artery and the effects of long-term storage on these vein segments; a project by Dr. C. Côté to determine the exact consequences of blood deprivation to the mitochondriaon, or “power house” of a cell; research by Dr. Michael Laughrea concerning the process of ageing, conducted on the level of individual cells; very successful work by a team under Dr. Papageorgiou on the use of betamethasone, a steroid drug, in the prevention of respiratory distress syndrome in premature babies; a study by Dr. H. Sigmund on the factors controlling the healing of stomach ulcers; and an attempt by Dr. R. Fogel to determine the factors controlling the ability of the intestinal tract to absorb or secrete waste, an important factor in conditions associated with diarrhoea.

Most of the above research projects are still underway. In the next few years the Lady Davis Institute intends to increase its research on the process of ageing, as part of the hospital’s continuing commitment to respond to the changing needs of the population it serves.

Since 1978, education and research at the Lady Davis Institute have also received a boost from the distribution of the estate of Lady Davis’ husband, Sir Mortimer B. Davis. This multi-millionaire, whose philanthropy supported many worthy charitable causes in Montreal, inherited a cigar manufacturing business from his father and founded the Imperial Tobacco Company of Canada through a merger of his own firm with a British Company. He died in 1928. In his will, Sir Mortimer had ordered that 75 percent of his estate be used to build a non-sectarian hospital which would bear his name and which would have a governing body consisting, in the majority, of members of the Jewish faith. He also provided that his estate not be distributed for fifty years, to ensure that his wife retain the income from it during her lifetime. The result was that by 1978 the $10,000,000 in question no longer sufficed to build a hospital; inflation and more sophisticated medical care meant that by then it took about $40,000,000 just to operate the Jewish General Hospital for a year. The estate trustees, aware of this, but still wishing to uphold the spirit of Sir Mortimer B. Davis’ last testament, therefore entered into negotiations with officials of the Jewish General and reached an agreement whereby the hospital would change its name in return for receiving the $10,000,000. In early May 1978, the 5,000 members of the hospital’s corporation voted to change the name of their institution to the “Sir Mortimer B. Davis - Jewish General Hospital”. Soon afterwards, the hospital’s charter was accordingly amended and the inherited funds were handed over to provide money for aspects of the hospital’s operation that are not automatically paid for by the provincial government, particularly research and teaching.
In recognition of a generous bequest the Hospital changed its name in 1978 and became known as the Sir Mortimer B. Davis-Jewish General Hospital. To mark that historic occasion, a plaque was unveiled in the presence of Herbert Siblin, Bernard J. Lande, Bernard J. Finestone, The Honourable Justice George Montgomery, Humphrey Kassie, Michael Greenblatt Q.C. and Dr. Leo Yaffe.
Our Tribute Everlasting

Miss Margaret Masters demonstrating part of a resuscitation procedure to new nurses in orientation program, 1966

Samuel S. Cohen presenting awards at the first graduation of nursing orderlies, May 6, 1966